



New York State Department of Labor

David A Paterson, Governor

Colleen C. Gardner, Commissioner

UNEMPLOYMENT INSURANCE DIVISION

December 3, 2010

Clerk of Court
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
ONE BOWLING GREEN
NEW YORK, NY 10004-1408

Re: GENERAL MOTORS CORPORATION
ER# 38-70134
BANKRUPTCY# 09-50026

Dear Sir:

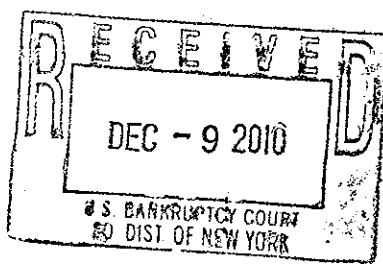
We hereby withdraw our Priority Claim which was dated 6/15/2009 for \$5,750.66.

Very truly yours,

Lisa Pearson
Tax Compliance Agent 2
(518)485-6100

LP:lp

cc: STEPHEN KAROTKIN



DATED: 06/15/09

001577416001

STATE OF NEW YORK
 DEPARTMENT OF LABOR
 Unemployment Insurance Division
 Governor W. Averell Harriman State Office Building Campus
 Building 12, Room 256
 Albany, New York 12240

FILE
 Insolvency

ARRANGEMENT #09-50026

EMPLOYER REG. NO.: 38-70134 1

**LIQUIDATED PRIORITY CLAIM FOR
 UNEMPLOYMENT TAXES DUE**

CLERK OF THE COURT
 U.S. BANKRUPTCY COURT
 SOUTHERN DISTRICT OF NEW YORK
 ONE BOWLING GREEN
 NEW YORK, NY 10004-0000

IN THE MATTER OF:
GENERAL MOTORS CORPORATION

Lisa Pearson is an agent of the New York State Department of Labor, Unemployment Insurance Division, and is authorized to make this claim on behalf of the Commissioner of Labor of the State of New York pursuant to Article 18 of the Labor Law of the State of New York.

The debtor is liable to the New York State Department of Labor in the sum of \$5,750.66 representing unpaid unemployment insurance taxes. The PRIORITY CLAIM for this debt, with interest computed to the date of petition, is as follows:

PERIOD FROM/TO	A/E	Contributions	Section 581D Assessment	Accrued Interest	Posted Interest	Penalty	WARRANT/SECURED
01/01/09-03/31/09	A				\$5,750.66		<input type="checkbox"/>
			Total:	\$5,750.66			

A - Actual Returns Filed E - Estimated, no return filed

No part of this debt has been paid. There are no set-offs or counterclaims.

This claim is asserted as secured for any periods checked by virtue of warrants filed for those periods.

All checks in satisfaction of this claim should be made payable to NYS Unemployment Insurance and forwarded to the NYS Department of Labor, Insolvency Unit, at the address indicated above.

Indicate Acknowledgement Date _____

Commissioner of Labor

Lisa Pearson
 By: Lisa Pearson
 Tax Compliance Agent 2
 Unemployment Insurance Division

Claim Number Assigned _____

